1. Incident Name: HH	Purpose: ICS Form 213RR-EPA is used by all incident personnel to request tactical and non-tactical resources (supplies, equipment, personnel and services). Instruction on back page.	**Resource Request Message** **ICS Form 213RR-EPA**

2. Date/Time Prepared 9/11/17	A. Logistics Resource Request Number (assigned by Logistics Section):	**No.** 5311

3. ORDER
Note: One 213 RR per funding source   3a. Funding Source (if known): ☐FEMA MA#_____ ☐CERCLA ☐OPA ☐Other_____   3b. TO # or TDD_____

3c. Qty	3d. Unit	3e. Detailed Description of resource requested (supplies, equipment, personnel, services) and, if applicable, staple attachments for purpose/use, diagrams, and other information. (Ops indicate if request is TACTICAL)	3f. Requested Reporting Location:	Date/ Time:	3g. (RESL) Tactical? Y/N	3h. LSC/FSC	3i. PC PO
1	Bravo Houston	Assistant PIO (Rushed/ASAP)	Houston	9/14 or sooner	N	Vendor or Agency:	
						Vendor or PO #:	
						ETA:	
						Cost:	
						Vendor or Agency:	
						Vendor or PO #:	
						ETA:	
						Cost:	
						Vendor or Agency:	
						Vendor or PO #:	
						ETA:	
						Cost:	

4. Suggested source(s) of supply if known also Point-of-Contact phone number and suitable substitutes, if known :

CHECK IF THIS REQUEST WAS PLACED WITH START/ERRS

5. Requester   5a. Requester Position and Signature: (Print Name)
Austin Vela

5b. Contact Method/Number(s):

6. Section Chief/Command Staff Approval: _John Martin_   Date/Time: 9/11/2017

7. LSC Notes:

8. Logistics Section Signature: Date/Time:

9. SPUL, Property Management Officer or Property Accountable Officer/Designee Signature: Date/Time:

Was property available from excess? (Check EMP Equipment, IFMS and/or GSA) ☐ Yes, reassign resources to incident. ☐ No, then submit ICS Form 213 RR-EPA to EOC or FSC for processing.

10. Order placed by (check box): ☐ SPUL   ☐ PROC   ☐ OTHER_____ DATE ORDER WAS PLACED_____ DATE RECEIVED_____

11. Reply/Comments from Finance:

12. Finance Section Signature: Date/Time:

13. RESL - Note availability of each resource request:

14. RESL Review/Signature: Date/Time: